



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0005724
Fieldwork ID:	MON-0038380

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre provides residential service for five adults over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours of concern. The centre is located on a campus setting in a rural area, a short drive from the nearest town in Co. Meath. The centre is laid out on one level and can accommodate residents with mobility issues and is fully wheelchair accessible. The centre consists of five individual bedrooms, one of which is next door to a living room for the sole use of that resident. There are adequate bathroom and toilet facilities to meet the needs of five residents. There is a kitchen, separate dining area, a large sitting room and two further living rooms. communal rooms. The centre is staffed by a combination of staff nurses, support workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 11 January 2023	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection the inspector visited throughout the centre, met with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

The centre is a campus based designated centre which accommodates five residents with specific care and support needs, and is spacious with various outside and inside living areas.

On arrival it was immediately evident that the provider had put in place systems in accordance with public health guidelines, and that these were being implemented. Appropriate facilities were available in the front hallway, including hand sanitising equipment and masks available in this station. Visitors were asked to comply with current guidelines during the visit to the centre, and visitor screening forms were completed and maintained.

The inspector conducted a walk around of the centre, and observed that there were appropriate hand hygiene facilities available throughout and easy access to personal protective equipment (PPE), including at all the entrances to the centre. The centre was visibly clean for the most part, with some minor cleaning issues identified, as discussed further in the report, and there were some outstanding maintenance issues which required attention.

Some residents indicated that they did not wish to interact with the inspector, and some had limited communication skills, so the inspector observed their interactions with staff members, and saw that staff communicated effectively with them.

Each resident had their own room, and there were various communal areas which residents were observed to be utilising. Some residents preferred not to have the company of others, and there was adequate space to accommodate all preferences. Residents were supported to personalise their rooms, and there was evidence of personal items belongings.

Residents were included in information sharing in relation to IPC, and relevant issues were discussed at the weekly residents meeting, for example hand hygiene had been recently discussed. Where a resident chose not to attend the weekly meeting, a staff member talked them through the items discussed individually, and the resident signed the record of the meeting to indicate that they were in receipt of the information.

There was information for residents evident in several parts of the centre, for example the complaints procedure was clearly displayed, and easy read information and been made available to resident, for example in relation to vaccination

programmes, and hand hygiene. Some residents had received further instruction in IPC issues, and had attained a certificate in hand hygiene.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risks associated with of an outbreak of infection. The provider and staff had ensured that residents continue to be protected from the risk associated with infectious diseases.

Capacity and capability

There was a clear management structure in place, with identified lines of accountability. The Person in Charge (PIC) was appropriately qualified and experienced, and on the day of inspection a new PIC was undergoing induction under the support and supervision of the current PIC. This new PIC also fulfilled the criteria required by the regulations, and was observed to be knowledgeable about the support needs of residents, and the oversight requirements in the designated centre.

Various monitoring strategies were in place, including audits and checklists, and both an annual review and unannounced 6-monthly visits on behalf of the provider had been conducted. The required self-assessment had been undertaken. There was evidence of detailed auditing in relation to IPC, and that some of the identified areas for improvement had been addressed, for example where annual health checks had required updating, these had been completed within the required timeframe. However, the issue of a rusted bathroom fitting outlined in the next part of the report had been identified but not yet addressed.

The staffing numbers and skills mix were adequate to meet the needs of the residents. There was a staff nurse on duty together with a team of care support staff, and the days where there was no staff nurse, the team had access to nursing support from other nearby centres.

Staff were in receipt of all the required training in relation to IPC, and could describe various issues which had been covered in this training. In addition, all staff engaged by the inspector were knowledgeable in relation to the support needs of individual residents, and also in the daily management of IPC in the centre, including such issues as waste management, cleaning of spillages and appropriate laundry practices.

Regular meetings were held with staff, IPC and the recent pandemic was a standing order at each meeting. However, where staff were unavailable to attend the meeting, the record was not in sufficient detail as to keep them up to date with the shared information, and there was no system whereby staff were required to indicate that they had read the minutes of the meeting.

There were also regular meetings between the Person in Charge and their line

manager, at which IPC and the recent public health crisis were discussed. Any required actions identified at these meetings had been completed.

There were current and regularly reviewed IPC policies in place, which were in accordance with current public health guidance. There was detailed guidance for staff within these policies, and in the risk assessments included in the safety statement, which addressed all recognised IPC risks. There was, in addition, a detailed individual risk assessment for each resident, which included a detailed risk management plan including risks associated with the requirement to self-isolate, should the need arise.

A clear contingency plan for the management of an outbreak of an infectious disease had been developed, which included detailed information on the prevention of the spread of an infectious disease, the management of personal protective equipment (PPE), and step-by-step guidance on the management of any suspected or confirmed cases of an infectious disease.

There had not been a formal post-outbreak review following an outbreak of COVID-19 in the centre. However, a review of the records showed that a contemporaneous account of actions taken had been maintained, and that all appropriate steps had been taken to ensure the safety of residents in accordance with the public health guidance at the time. It was evident that the strategies had been effective, as not all the residents in the centre had become infected.

Quality and safety

There were detailed care plans in place to guide staff in the care and support for each resident. Several residents needed varying levels of support with personal and intimate care, and care plans were in place which detailed the support requirements. The intimate care plans in place for each resident were very detailed, and outlined step-by-step guidance for staff in relation to each aspect of personal care, including the management of behaviours of concern.

Where residents had behaviours of concern which presented an additional risk in relation to IPC, there were detailed support plans and behaviour support plans to provide guidance to staff in sufficient detail as to minimise the risk to the individual residents and to others. Staff could describe all the steps they take on a regular basis to ensure that these plans were adhered to, both in terms of minimising the occurrence of behaviours of concern, and in managing behaviours when they did occur.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident, and included communication needs and support requirements.

Residents' meals were prepared in the centre's kitchen by the staff, and the kitchen was seen to be spotlessly clean, with all appropriate IPC measures were in place. There were colour coded chopping boards for different tasks. The temperature of the fridge was monitored and recorded, and any opened items of food were dated. All fixtures and fittings were clean and well maintained.

Daily cleaning tasks were undertaken by the staff team, and an additional member of the household staff conducted a thorough cleaning once a week. Records were maintained of cleaning, including the regular cleaning of high touch areas.

There was a dedicated laundry room, and each resident's laundry was undertaken separately. Residents had the option to be involved in the laundry process, but did not currently avail of this choice. The laundry area was clean and well maintained. There was a flat mop system in place, and both mops and cleaning cloths were colour coded to indicate different tasks. Clean mop heads and cloths were readily available in the laundry room.

Regulation 27: Protection against infection

There were multiple strategies in place to ensure that residents were safeguarded from the risk of infectious disease. However some issues required attention as follows:

- a pedal bin in one of the bedrooms did not work, meaning that the lid had to be opened by hand
- there was some stale food spillage on the dining room furniture which had not been cleaned
- the flooring in one of the bathrooms did not meet the walls or the base of the fittings in the bathrooms, posing an IPC risk in terms of the inability to thoroughly clean these area
- another bathroom had an adjustable arm support, which was rusty around the base and around the moving parts. This issue had been identified as part of the auditing process, but not yet addressed
- the records of staff meetings did not include sufficient detail, and there was no evidence that staff who were unavailable to attend the meeting had read the minutes
- a formal post-outbreak review had not been developed following a recent outbreak of COVID-19.

However, in general, the good practices throughout the centre meant that the risk to residents from any infectious disease was minimal.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for The Willows OSV-0005724

Inspection ID: MON-0038380

Date of inspection: 11/01/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A review of the outcome of this unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC) was completed. The following actions were completed to address the areas noted within the report,</p> <ul style="list-style-type: none"> • All pedal bins in the centre have been reviewed and non-working bins have been replaced • The Person in Charge has reviewed the cleaning schedule to ensure the dining table is cleaned after each meal or as needed. The cleanliness of the centre will be reviewed daily by the Person in Charge or Staff Nurse, to ensure that all areas within the centre are maintained to a high standard. • the flooring in the bathroom has been addressed, the gap between floor and skirting board filled using sanitary silicone to create an impermeable surface which is easily cleaned. • Adjustable arm support in bathroom replaced at 16/02/2023 • The Person in Charge has developed and implemented detailed minutes of staff meetings, to ensure where staff cannot attend the meeting that there is sufficient documented information to inform staff. • The PIC completed a formal post- outbreak review, to ensure any learning taken from the outbreak can was captured. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	06/03/2023